

# Request to Modify Child Support

Return this form to:  
Friend of the Court  
PO Box 351  
Grand Rapids, MI 49501-0351

or fax: 616-632-6882  
or scan and email:  
[foc.mail@kentcountymi.gov](mailto:foc.mail@kentcountymi.gov)

Case #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address where you get mail \_\_\_\_\_

Email address: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address where you get mail: \_\_\_\_\_

Email address: \_\_\_\_\_

If both parties have reached an agreement about the child support amount, Friend of the Court might be able to offer assistance to prepare a new order. Please fill out this form completely and send it to us to review. If we can assist, we will prepare a new order for you to sign. If we are unable to help you prepare a new order, you may file a motion with the court to change your support amount. Please keep in mind that signing this form does not change your child support. Child support does not change unless a new order is entered.

If you do not want Friend of the Court services and/or your support to be payable through Friend of the Court, you will need to file a motion with the court asking to exempt your case from Friend of the Court (you cannot opt out if you or your children are receiving any form of public assistance). The form is available at [www.accesskent.com/foc](http://www.accesskent.com/foc)

Are you or the children receiving public assistance? ☐ Yes ☐ No  
If yes, what type? ☐ Medicaid ☐ Cash ☐ Food Stamps ☐ Childcare

We would like child support to be \$\_\_\_\_\_/month

Do you have any child care expenses? ☐ Yes ☐ No

If yes, how much should be added for daycare? \$\_\_\_\_\_/month

When should the new amount start? \_\_\_\_\_

How many nights each year does the child spend with: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

How many other biological children under 18 (not on this case) do you have? Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Which parent should be required to maintain health care coverage? ☐ Mother ☐ Father ☐ Both ☐ Neither\*

Please list name(s) of child(ren) and anticipated graduation date(s): \_\_\_\_\_

\*Please note that this option can only be selected in the event that the parents have reconciled and are living together or in the event that the parents' income is below 133% of the federal poverty level.

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Why do you want to change the support amount? (In order for the court to enter an order that deviates from the formula, you must provide the reasons that following the formula would produce an unjust or inappropriate result.)

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How do you support yourself? Note that you must provide proof of your actual income (i.e. paystubs, tax returns)

Mother:

- ☐ I work at \_\_\_\_\_ and earn \$\_\_\_\_\_ per hour and I work \_\_\_\_\_ hours per week  
or  
☐ I work at \_\_\_\_\_ and earn \$\_\_\_\_\_ per week/month/year  
☐ I receive benefits from \_\_\_\_\_ of \$\_\_\_\_\_ per hour/week/month/year  
☐ I am self-employed and earn \$\_\_\_\_\_ per hour/week/month/year  
☐ I am unable to work  
☐ Other \_\_\_\_\_

Father:

- ☐ I work at \_\_\_\_\_ and earn \$\_\_\_\_\_ per hour and I work \_\_\_\_\_ hours per week  
or  
☐ I work at \_\_\_\_\_ and earn \$\_\_\_\_\_ per week/month/year  
☐ I receive benefits from \_\_\_\_\_ of \$\_\_\_\_\_ per hour/week/month/year  
☐ I am self-employed and earn \$\_\_\_\_\_ per hour/week/month/year  
☐ I am unable to work  
☐ Other \_\_\_\_\_

Do you want to forgive the arrears owed to you (please select only one)?

- ☐ Yes, all of them  
☐ Yes, I would like to forgive \$\_\_\_\_\_  
☐ No, none of them

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Mother's signature

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Father's signature

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Date

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Date

**\*\*Be sure to include a copy of each party's driver's license or state identification,  
or have this form notarized\*\***